

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 25-SEP-2015		TIME 21:04:00		2. ADDRESS OF OCCURRENCE 906 N CENTRAL PARK AVE CHICAGO, IL 60651			3. LOCATION CODE 290		4. BEAT/OCCUR 1112	
MEMBER INVOLVED	5. POSITION 9161	6. LAST NAME SEHNER	7. FIRST NAME ERIC M	8. STAR NO. 11641	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE [REDACTED]	12. HT. 510	13. WT. 170	
	14. DATE OF APPT. 02-JUL-2012	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 011 1121	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
SUBJECT INFORMATION	20. LAST NAME ANDERSON	21. FIRST NAME JAMES	22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. [REDACTED]	26. HT. 510	27. WT. 150		
	28. TELEPHONE NO. [REDACTED]		29. WAS SUBJECT ARMED? KNIFE/OTHER CUTTING INSTRUMENT <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		30. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
	32. WHERE WAS MEDICAL TREATMENT OBTAINED? MOUNT SINAI HOSPITAL		33. BY WHOM? [REDACTED]		34. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Attn					
	35. CHARGES PLACED		36. CR NO. 00000000		IR NO		DNA			
REASON FOR USE OF FORCE (Check all that apply)	38. <input type="checkbox"/> DNA		39. <input type="checkbox"/> DNA		40. <input type="checkbox"/> DNA		41. <input type="checkbox"/> DNA			
	SUBJECT'S ACTIONS		MEMBER'S RESPONSE		ASSAULT: ASSAULT		ASSAULT: BATTERY		ASSAULT: DEADLY FORCE	
DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input checked="" type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>		
STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input type="checkbox"/>		
OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		
MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>		
VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER <input type="checkbox"/>		
ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>				
WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>								
ARMED <input type="checkbox"/>		TASER (Probe Discharge) <input checked="" type="checkbox"/>								
PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Skin) <input type="checkbox"/>								
CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>								
OC/CHEMICAL WEAPON AUTHORIZATION <input type="checkbox"/>		OTHER ACTIVATED ARC SWITCH <input type="checkbox"/>								
OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>								
42. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		43. ADDITIONAL INFORMATION								
POSITION		STAR NO.		UNIT						
44. WEAPON TYPE		45. INCIDENT OCCURRED		46. LIGHTING CONDITIONS		47. WEATHER CONDITIONS				
<input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		<input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		<input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		<input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		CLEAR		
48. TASER PART ID NO. C6200AT6W, C6200AT4N		49. WEAPON SERIAL NO. (Include Letters) ZZX3008DK		50. MAKE/MANUFACTURER		51. MODEL		52. BARREL LENGTH		
53. SPECIAL WEAPON CERTIFICATE NO.		54. PROPERTY INVENTORY NO		55. TYPE OF AMMUNITION USED		56. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 2		57. TOTAL NO. OF SHOTS MEMBER FIRED		
58. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input checked="" type="checkbox"/> 03 OTHER (SPECIFY)		59. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		60. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		61. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)		62. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (SPECIFY)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 5 FT. <input type="checkbox"/> 02 5 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		66. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		67. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)		
68. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		69. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON		70. POSITION OF MEMBER DISCHARGING WEAPON		71. DID MEMBER USE SIGHTS		72. EVENT NO. 1526816271		
73. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input checked="" type="checkbox"/> CPIC		74. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.		75. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		76. CASE INFO.		77. R.D. NO. HY438368		
78. REPORTING MEMBER (Print Name) SLECHTER, SCOTT M		79. STAR/EMPLOYEE NO. 1462		80. SIGNATURE [REDACTED]		81. DATE REVIEWED 26-SEP-2015 02:39:02		82. TIME 1077328		
83. REVIEWING SUPERVISOR (Print Name) FLETCHER, CHRISTOPH D		84. STAR NO. 119		85. SIGNATURE [REDACTED]		86. DATE REVIEWED 26-SEP-2015 02:39:02		87. TIME 14		

WEAPON DISCHARGE INCIDENT ☐ 15 ☐ 21A

41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR	
45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE	
49. TASER DART ID NO. C6200AT6W		50. WEAPON SERIAL No. (Include Letters) ZZX3006DK		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.	
53. HANDGUN CERTIFICATE NO.		54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED	
57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 2		58. TOTAL NO. OF SHOTS MEMBER FIRED		59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	
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65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)	
69. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN							

70. EVENT NO.
1526816271

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER, 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER, 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER, 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE ☐ DNA ☐ REFUSED ☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject Deceased

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the facts available at this time, it is the preliminary determination of the undersigned that Officer SEHNER acted in compliance with Department policy in that, Officer SEHNER deployed his Taser in fear of his, and his partners life after the offender rushed him and his partner holding 2 box cutters.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO 1077328 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

FLETCHER, CHRISTOPH D

SIGNATURE

[Redacted Signature]

DATE COMPLETED

TIME

26-SEP-2015 02:42:56

79. TOTAL TRK's THIS EVENT No.

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